

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 203  
Registered No. 28

## 1. PLACE OF BIRTH

County Biller State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Bozeman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Thomas Sherwood Frost If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date Mar. 27 1930 of birth Month Day Year8. James FATHER  
Full name James Frank Frost9. Residence (Usual place of abode) Bozeman  
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 28 (Years)12. Birthplace (city or place) Bozeman  
(State or country) N.M.13. Occupation Cust. Mnt.  
Nature of Industry Copper Mntn.14. MOTHER  
Full maiden name Constance Goodner15. Residence (Usual place of abode) Bozeman  
If non-resident, give place and state.16. Color or race White 17. Age at last birthday 27 (Years)18. Birthplace (city or place) Rocky Ford  
(State or country) Colo.19. Occupation House wife  
Nature of Industry20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hurd

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_

Month, day, year

Address \_\_\_\_\_

Registrar \_\_\_\_\_

Filed Mar 29 1930

Registrar \_\_\_\_\_

303-327-377